



Enrollment Card for Conversion – HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

INSTRUCTIONS: Please read the instructions you received with this form and see Item 5 below which states:
a.) the date in which you must convert b.) whether you are eligible for Dependent's coverage, and c.) the Amount of Principal Sum you may convert.

Policy Number: ADD-6173		Do you wish to Convert Your in-force Dependent Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company: Hartford Life & Accident Insurance Company		If yes, please provide Dependent name(s) and date(s) of birth:	
Policyholder: Northern Trust Company, Trustee		Amount of Your Principal Sum:	
Your Name & Address: _____ _____ _____		Premium (Calculate per attached instructions) Check one: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual \$ _____ \$ _____	
Telephone No.:			
Insured's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Your Beneficiary:	Relationship:

Your Signature: _____ **Date:** _____

PROPOSED INSURED – When Completed, please return this Enrollment Card and Your first payment to:

HARTFORD LIFE
P. O. BOX 101007
ATLANTA, GA 30392 – 1007

ADMINISTRATOR – Please complete and sign this Section and send to the Proposed Insured.

- Master Policy Number: _____ Insured's Social Security No: _____
- Name of Proposed Insured: _____
- Date Proposed Insured's Coverage Terminated Under the Master Policy: _____
- Amount of Individual's Principal Sum Immediately Before Termination: _____
- a.) The Proposed Insured Must Convert By: _____
b.) Was there Dependent coverage in-force immediately prior to Insured's Termination? ☐ Yes ☐ No

If You are Eligible to Convert Dependent's Coverage, Your Dependent's Principal Sum will be Calculated by applying the Percentage Below to Your Principal Sum.

<u>Insured Person With:</u>	<u>Spouse</u>	<u>Child(ren)</u>
Spouse and Child(ren)	10%	5%
Spouse Only	20%	0
Child(ren) Only	0	10%

- c.) Principal Sum* The Proposed Insured may elect a Principal Sum Amount, subject to a Minimum of **\$25,000** and a Maximum of **\$250,000**** in **\$1,000** increments

* If You are Over age 70, the Maximum You may Convert is **\$25,000.**

If You are age 75 or Over, the Maximum You may Convert is **\$12,500.**

** Not to Exceed the Original Principal Sum of the Original Policy.

Signed: _____ **Date:** _____
Administrator